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## South African Activists Shift AIDS Focus

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SOWETO, South Africa -- In a sprawling, utilitarian church meeting hall here, 450 people -- overwhelmingly black and working-class, many of whom are infected with HIV or have a loved one with the AIDS virus -- have redrawn the lines in South Africa's war for AIDS drugs.

The Treatment Action Campaign, or TAC, a scrappy, media-savvy South African organization, met here this week following its successful campaign to focus world attention on the high price of AIDS therapies in South Africa. Now that a price war has broken out over AIDS drugs in Africa, the group is shifting its focus: It wants to convince the South African government to pay for the discounted medicines and to teach South Africa's poorly educated population how to properly adhere to the complicated regimens.

The dire need for treatment was highlighted by a new government survey showing that 24.5% of South African women attending prenatal clinics are HIV-positive. That is a slight increase from rates recorded during the past two years, suggesting a slowing of the once-explosive epidemic and possibly even a leveling off. Yet the plateau -- if that is what it turns out to be -- is appallingly high. Extrapolating from the survey, the Ministry of Health estimates that 4.7 million South Africans are HIV positive.

Before the birth of the TAC a little more than two years ago, few if any groups in South Africa championed treating the country's HIV patients with the antiretroviral drugs that have slashed AIDS death rates in the U.S. and Europe. Such drugs simply were deemed too expensive. TAC picketed, lobbied, went to court, and even recruited a local actor to illegally import cheap, generic medicine. With help from Western activist groups such as Doctors Without Borders, Oxfam and ACT UP, TAC propelled the high price of AIDS medicines onto the world's front pages -- and won much of what it sought.

In the past six weeks, Merck & Co. and Bristol-Myers Squibb Co. slashed their prices to a point where the companies say they are making no profit or are even losing money, while at least two generics makers from India are battling for the low-price mantle. "Many of the drugs are now priced within reach of the government," said Zackie Achmat, one of TAC's founders and chief strategists. "There is clearly a shift in what we need to do."

TAC still wants the South African government to allow competition from knock-off generic versions of patented AIDS drugs to ensure that prices remain low. So far, South Africa, embroiled in a patent lawsuit brought by 39 drug companies, hasn't permitted any violation of pharmaceutical patents.

TAC has raised a new cry: It wants the South African government to publish a comprehensive plan for providing AIDS treatment, including a strategy for raising money from international sources such as the Group of Seven industrial nations, and a timetable for bringing the drugs to public clinics and ensuring they are administered properly.

"In fact," says Nono Simelela, the health department's chief director for AIDS, "it isn't as if there's not a plan." Various initiatives -- including training of health-care workers and the government's court battle against the drug companies -- "form part of a larger plan" for improving the health-care system for everyone, she says, "not just for those who are HIV-positive."

TAC's "first national congress," as the three-day meeting was billed, drew participants from 169 organizations, such as labor unions and religious groups. Some participants traveled 24 hours by bus.

The meeting was flush with a sense of momentum -- and desperation. For Mr. Achmat, the battle is personal. With a flair for the dramatic, the openly gay, former antiapartheid activist has publicly sworn not to take any medicine that isn't available to all South Africans -- a stance that could cost him his life. But even he says, "We don't expect the government to provide antiretrovirals overnight. There will have to be pilot projects" to find out how to deliver the AIDS treatments.

What is more, patients need education. Dr. Simelela says the government is launching a "treatment literacy campaign" and is working with TAC on implementation. A TAC spokesperson says the group hasn't decided if it will work with the government, because of its policy not to accept government funding, but agrees that educating patients is crucial. Nearly 60% of South Africans live in poverty, 40% are unemployed, and 15% are illiterate. "Making sure people understand how to use these drugs will be a big job," Mr. Achmat says. "A very big job."

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